

Reset Page

RECEIVED**KANSAS GOVERNMENTAL ETHICS COMMISSION**

JUL 24 2006

**RECEIPTS AND EXPENDITURES REPORT
OF A CANDIDATE FOR STATE OFFICE**Governmental Ethics Commission
100 WEST 8TH STREET
TOPEKA, KANSAS 66612
7/24/06**JULY 24, 2006****FILE WITH SECRETARY OF STATE AND CANDIDATE'S COUNTY ELECTION OFFICER
SEE REVERSE SIDE FOR INSTRUCTIONS**A. Name of Candidate: Merle A. Hodges, M.D.Address: 629 Arrowhead LaneCity and Zip Code: Salina 67401County: SalineOffice Sought: Kansas House of RepresentativesDistrict: 69B. Check **only** if appropriate: ☐ Amended Filing ☐ Termination Report

C. Summary (covering the period from January 1, 2006 through July 20, 2006)

1. Cash on hand at beginning of period	0.00
2. Total Contributions and Other Receipts (Use Schedule A)	1,400.00
3. Cash available this period (Add Lines 1 and 2)	1,400.00
4. Total Expenditures and Other Disbursements (Use Schedule C)	0.00
5. Cash on hand at close of period (Subtract Line 4 from 3)	1,400.00
6. In-Kind Contributions (Use Schedule B)	134.47
7. Other Transactions (Use Schedule D)	0

D. "I declare that this report, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

7-21-2006

Date


 Signature of Treasurer

GEC Form Rev, 2001

Print Page

Reset Page

SCHEDULE A CONTRIBUTIONS AND OTHER RECEIPTS

Merle A. Hodges, M.D.

(Name of Candidate, Party Committee or Political Committee)

Date	Name and Address of Contributor	Occupation of Individual Giving More Than \$150	Check Appropriate Box				Amount of Cash, Check, Loan or Other Receipt
			Cash	Check	Loan	Other	
6/28/06	Gayle Rose 311 Sunset Drive Salina, Kansas 67401	Volunteer Director, Salina Regional Health Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$200.00
6/30/06	Allan White 112 W Neal Court Salina, Kansas	Audiologist, Central Kansas Cooperative in Education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$300.00
7/10/06	Saline County Democratic Party 509 W Republic Salina, Kansas 67401	County Party	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$500.00
7/12/06	Shirley Jacques 509 W Republic Salina, Kansas 67401	Retired, Saline County Clerk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
7/14/06	Rev. James Cox 1315 Sierra Drive Salina, Kansas 67401	Minister	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00
7/14/06	Kansas Medical Society PAC 623 SW 10th Topeka, Kansas 66612	Physician PAC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$250.00
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subtotal This Page							\$1,400.00

[Reset Page](#)

SCHEDULE B IN-KIND CONTRIBUTIONS

Merle A. Hodges, M.D.

(Name of Candidate, Party Committee or Political Committee)

Date	Name, Address and Occupation of Contributor List occupation for those giving an in-kind more than \$150	Description of In-Kind Contribution	Value of In-Kind Contribution
6/1/06	Merle A. Hodges, M.D. 629 Arrowhead Lane Salina, Kansas 67401	Filing fees	\$105.00
7/14/06	Allan White 112 W Neal Court Salina, Kansas 67401	Envelopes and paper	\$29.47
Subtotal This Page			\$134.47

Complete if last page of Schedule B

Total Itemized (over \$50) In-Kind Contributions	\$134.47
Total Unitemized (\$50 or less) In-Kind Contributions	\$0.00
TOTAL IN-KIND CONTRIBUTIONS THIS PERIOD (to line 6 of Summary)	\$134.47

Page 3 of [Print Page](#)

[Reset Page](#)

SCHEDULE C
EXPENDITURES AND OTHER DISBURSEMENTS

Merle A. Hodges, M.D.

(Name of Candidate, Party Committee or Political Committee)

Date	Name and Address	Purpose of Expenditure or Disbursement	Amount
		NO expenditures to date.	\$0.00
Subtotal This Page			\$0.00

~~Reset Page~~**SCHEDULE D
OTHER TRANSACTIONS**

Merle A. Hodges, M.D.

(Name of Candidate, Party Committee or Political Committee)

Date	Name and Address	Nature of Account or Loan Payable or Loan Receivable	Balance at Close of Period
Subtotal this Page			\$0.00

Complete if last page of Schedule D

TOTAL OTHER TRANSACTIONS (to line 7 of Summary)	\$0.00
--	--------

Page ____ of ____

~~Print Page~~